

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 101064,711 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3		1				
4		1				
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50						
TOTAL IND.	3					
TOTAL DEP.	14	↓	↓	↓		
TOTAL CLAIMS	17	████████	████████	████████		

TOTAL IND.			
TOTAL DEP.		↓	↓
TOTAL CLAIMS		████████	████████